Dr Reed. Davis City, Ia

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

16767

File No. .....

Registered No. 5

**1. PLACE OF DEATH**

County Mercer

Township Lindley

City ..... (No. ....., ..... St. ..... Ward)

Registration District No. 558

Primary Registration District No. 5752

**2. FULL NAME** Thomas Fox

(a) Residence. No. ..... St., ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ada L. Fox

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3/10/1872

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|
| 58 | 1 | 28 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

PARENTS

10. NAME OF FATHER: Thomas Fox.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana

12. MAIDEN NAME OF MOTHER: Julia Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: Mrs Thos. Fox
(Address) Pleasanton Iowa

15. FILED 5/15, 1930 C E Allen
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 8. 1930

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1929, to May 5, 1930, that I last saw him alive on May 3, 1930, and that death occurred, on the date stated above, at 10 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): none

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) G P Reed, M. D

, 19 (Address) Davis City Ia

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hamilton Cemp Dep Co Iowa

DATE OF BURIAL: 5/11/30 19

20. UNDERTAKER: F L Stewart

ADDRESS: Leon Ia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...PERMANENT RECORD